

Medical and Liability Release

Name of Student _____ Age _____ Date of Birth _____

Sex _____ Height _____ Weight _____ Email address: _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Insurance Company _____ Policy Number _____

Family Doctor Name and Phone Number: _____

Allergies/medical conditions or medications: _____

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I (we) cannot be reached in an emergency, I, the undersigned, authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I, the undersigned, shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child. Should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise, I agree to assume all transportation costs. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by New Hope Christian Church.

I understand all reasonable safety precautions will be taken at all times by New Hope Christian Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold New Hope Christian Church, the Christian Church in Georgia (Disciples of Christ), their leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries that may occur while my child is participating in activities with New Hope Christian Church and its agents.

Parent/Guardian Signature _____ Date _____

Print Name _____

Signature of Student (if over 18) _____

Emergency Contact Person

Parent/Guardian Name _____

Address (if different from student) _____

Home Phone (_____) _____ Work Phone (_____) _____

Mobile Phone (_____) _____ Email address: _____

Alternate Contact Person

Name _____ Relationship: _____

Address (if different from student) _____

Home Phone (_____) _____ Work Phone (_____) _____

Mobile Phone (_____) _____ Email address: _____